

CONTRACT #2
RFS # 318.66-026

**Department of Finance &
Administration/Bureau
of TennCare**

VENDOR:
**Volunteer State Health Plan,
Inc. (TennCare Select)**

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 20 2005

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-026		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Provides TennCare covered services to children in State custody and provides a safety net should other MCO's fail.		
CONTRACT #	FA-02-14632-00	PROPOSED AMENDMENT #	11
CONTRACTOR :	Volunteer State Health Plan, Inc.		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$286,520,361.90		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2005		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$286,520,361.90		
APPROVAL CRITERIA : (select one)	<input checked="checked" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accreditation; strengthens conflict of interest disclosure requirements; strengthens MCO financial requirements; establish and maintain web site for providers which provides enrollee patient information to be readily available to providers, as well as various other housekeeping issues involving language clarifications.

(2) explanation of need for the proposed amendment :

Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended requirements and language clarifications.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

BlueCross BlueShield 801 Pine St Chattanooga, TN 37402

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :


This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

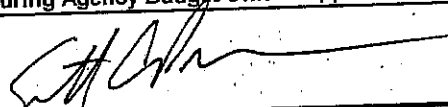


SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-11	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2005		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$ 116,014,894.00	
2006	\$ 27,667,750.00	\$ 27,667,750.00			\$ 55,335,500.00	
Total:	\$ 133,342,248.35	\$ 153,178,113.55			\$ 286,520,361.90	
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Scott Pierce				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
	Base Contract & Prior Amendments	This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:	12/31/2005					
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 33,079,942.80					
FY: 2004	\$ 63,490,156.62					
FY: 2005	\$116,014,894.00					
FY: 2006	\$55,335,500.00					
Total:	\$ 286,520,361.90					

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-10		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2005			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	532	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62		
2005	\$ 58,007,443.00	\$ 58,007,443.00			\$ 116,014,886.00		
2006	\$ 27,667,750.00	\$ 27,667,750.00			\$ 55,335,500.00		
Total:	\$133,342,244.35	\$ 153,178,109.55			\$ 286,520,353.90		
CFDA#	93.778 Title XIX Dept. of Health & Human Svcs.			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Dean Daniel				Is the Contractor a Vendor? (per OMB A-133)			
Address: 729 Church Street				Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone: Nashville, TN (615)532-1362				Is the Contractor on STARS?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?			
Scott Pierce 				Is the Contractor's Form W-9 Filed with Accounts?			
Funding Certification							
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
COMPLETE FOR ALL AMENDMENTS (only)							
		Base Contract & Prior Amendments	This Amendment ONLY				
CONTRACT END DATE:		12/31/2004	12/31/2005				
FY: 2002		\$ 18,599,868.48					
FY: 2003		\$ 33,079,942.80					
FY: 2004		\$ 63,490,156.62					
FY: 2005		\$110,671,000.00	\$5,343,886.00				
FY: 2006		\$55,335,500.00					
Total:		\$ 281,176,467.90	\$ 5,343,886.00				

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-09
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V-	<input type="checkbox"/> C-

Service Description

Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date				Contract End Date		
7/1/2001				12/31/2005		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 55,335,500.00	\$ 55,335,500.00			\$ 110,671,000.00	
2006	\$ 26,667,750.00	\$ 26,667,750.00			\$ 55,335,500.00	
Total:	\$129,670,301.35	\$ 149,506,166.55			\$ 281,176,467.90	

Check the box ONLY if the answer is YES:

CFDA#	93.778	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
State Fiscal Contract		Is the Contractor a Vendor? (per OMB A-133)	
Name:	Dean Daniel	Is the Fiscal Year Funding STRICTLY LIMITED?	
Address:	729 Church Street	Is the Contractor on STARS?	
Phone:	Nashville, TN (615)532-1362	Is the Contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's Form W-9 Filed with Accounts?	
Scott Pierce			

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
CONTRACT END DATE:	12/31/2004	12/31/2005
FY: 2002	\$ 18,599,868.48	
FY: 2003	\$ 33,079,942.80	
FY: 2004	\$ 63,490,156.62	
FY: 2005	\$39,155,080.00	\$71,515,920.00
FY: 2006		\$55,335,500.00
Total:	\$ 154,325,047.90	\$ 126,851,420.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-08		
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare		
Contractor				Contract Identification Number			
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description							
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population							
Contract Begin Date				Contract End Date			
7/1/2001				12/31/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	532	134	11	<input type="checkbox"/> STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)		
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48		
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80		
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62		
2005	\$ 13,935,109.85	\$ 25,219,978.15			\$ 39,155,088.00		
Total:	\$ 61,602,161.20	\$ 92,722,894.70			\$ 154,325,055.90		
CFDA#	93.778			Check the box ONLY if the answer is YES:			
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Dean Daniel				Is the Contractor a Vendor? (per OMB A-133)			
Address: 729 Church Street				Is the Fiscal Year Funding STRICTLY LIMITED?			
Phone: Nashville, TN (615)532-1362				Is the Contractor on STARS?			
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?			
Scott Pierce				Is the Contractor's Form W-9 Filed with Accounts?			
Funding Certification							
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
COMPLETE FOR ALL AMENDMENTS (only)							
		Base Contract & Prior Amendments	This Amendment ONLY				
CONTRACT END DATE:							
FY: 2002		\$ 18,599,868.48					
FY: 2003		\$ 33,079,942.80					
FY: 2004		\$ 63,490,156.62					
FY: 2005		\$ 34,094,974.00	\$5,060,114.00				
FY:							
Total:		\$ 149,264,941.90	\$ 5,060,114.00				

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 Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-07
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description
 Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.80
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156.62
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$	34,094,974.00
Total:	\$ 59,788,666.98	\$ 88,476,274.92			\$	149,264,941.90

CFDA# 93.778 Check the box ONLY if the answer is YES:

State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: Dean Daniel	729 Church Street Nashville, TN (615)532-1362	Is the Contractor a Vendor? (per OMB A-133)	
Address:		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel	<i>Dean Daniel 6/24/04</i>	Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
CONTRACT END DATE:		
FY: 2002	\$ 18,599,868.48	
FY: 2003	\$ 33,079,942.80	
FY: 2004	\$ 63,490,156.62	
FY: 2005	\$ 34,094,974.00	
FY:		
Total:	\$ 149,264,941.90	\$ -

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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 2004 JUN 28 PM 3:25
 COMPTROLLER'S OFFICE
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 MANAGEMENT SERVICES

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 Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number: 318.66-026				Contract Number: FA-02-14632-06		
State Agency: Department of Finance and Administration				Division: Bureau of TennCare		
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2004		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$ 63,490,156.62	
2005	\$ 12,121,615.63	\$ 21,973,358.37			\$ 34,094,974.00	
Total:	\$ 59,788,666.98	\$ 89,476,274.92			\$ 149,264,941.90	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel <i>Dean Daniel</i> 12/23/03				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
		Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:						
FY: 2002		\$ 18,599,868.48				
FY: 2003		\$ 33,079,942.80				
FY: 2004		\$ 29,395,182.62	\$ 34,094,974.00			
FY: 2005			\$ 34,094,974.00			
FY:						
Total:	\$ 81,074,993.90	\$ 68,189,948.00				

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 DEPARTMENT OF FINANCE
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-026	Contract Number:	FA-02-14632-05
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.80
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$	29,395,182.62
Total:	\$ 35,545,435.72	\$ 45,529,558.18			\$	81,074,993.90

CFDA#	93.778	IO ACCOUNTS	Check the box ONLY if the answer is YES:
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State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Dean Daniel	Is the Contractor a Vendor? (per OMB A-133)	
Address:	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615)532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel <i>Dean Daniel</i> 12/11/03		Is the Contractor's Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
CONTRACT END DATE:				
FY: 2002	\$ 18,599,868.48		<i>Budget 12-9-03</i>	
FY: 2003	\$ 33,079,942.80			
FY: 2004	\$ 24,372,429.50	\$ 5,022,753.12		
FY:				
FY:				
Total:	\$ 76,052,240.78	\$ 5,022,753.12		

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2003 DEC 12 11:11:26
MANAGED CARE SERVICES
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CONTRACT SUMMARY SHEET

RFS Number: 318.66 - 026		Contract Number: FA-02-14632-04	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2003	
Allotment Code	Cost Center	Object Code	Fund
318.66	839	134	11
		<input type="checkbox"/> STARS	
		Other Funding	
		Total Contract Amount (including ALL amendments)	
FY	State Funds	Federal Funds	
2002	\$ 6,755,937.23	\$ 11,843,931.25	\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	\$ 33,079,942.80
2004	\$ 11,153,919.98	\$ 13,218,509.53	\$ 24,372,429.50
Total:		\$ 33,694,980.61	\$ 42,357,260.18
CFDA#		93.778	
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name: Dean Daniel		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address: 729 Church Street		Is the Contractor a Vendor? (per OMB A-133)	
Phone: Nashville, TN		Is the Fiscal Year Funding STRICTLY LIMITED?	
(615)532-1362		Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel		Is the Contractor's Form W-9 Filed with Accounts?	
Funding Certification			
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
CONTRACT END DATE:			
FY: 2002	\$ 18,599,868.48		
FY: 2003	\$ 33,079,942.80		
FY: 2004	\$ 18,366,944.50	\$ 6,005,485.00	
FY:			
FY:			
Total:	\$ 70,046,755.78	\$ 6,005,485.00	

CONTRACT SUMMARY SHEET

RFS Number: 318-66-026		Contract Number: FA-02-14632-03	
State Agency: Department of Finance and Administration		Division: Bureau of TennCare	
Contractor		Contract Identification Number	
VSHP (TennCare Select)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population			
Contract Begin Date		Contract End Date	
7/1/2001		12/31/2003	
Allotment Code	Cost Center	Object Code	Fund
318.66	839	134	11
		<input type="checkbox"/> STARS	
		Grant Code	
		Subgrant Code	
		Total Contract Amount (including ALL amendments)	
FY	State Funds	Federal Funds	Other Funding
2002	\$ 6,755,937.23	\$ 11,843,931.25	\$ 18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	\$ 33,079,942.80
2004	\$ 9,183,472.25	\$ 9,183,472.25	\$ 18,366,944.50
Total:		\$ 31,724,532.88	\$ 38,322,222.90
CFDA#		93.778	
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name: Dean Daniel		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address: 729 Church Street		Is the Contractor a Vendor? (per OMB A-133)	
Phone: Nashville, TN (615)532-1362		Is the Fiscal Year Funding STRICTLY LIMITED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	
Dean Daniel		Is the Contractor's FORM W-9 ATTACHED?	
6/30/03		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
Base Contract & Prior Amendments		Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
This Amendment ONLY			
CONTRACT END DATE:			
FY: 2002			
FY: 2003			
FY: 2004			
FY:			
FY:			
Total: \$		\$	

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CONTRACT SUMMARY SHEET

Contract Number:	FA-02-14632-02
Division:	Bureau of TennCare
Contract Identification Number	
Contractor	(TennCare Select)

Service Description
 aged Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population

Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Grant Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$ 33,079,942.80	
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50	
Total:	\$ 31,724,532.88	\$ 38,322,222.90			\$ 70,046,755.78	
				Check the box ONLY if the answer is YES:		

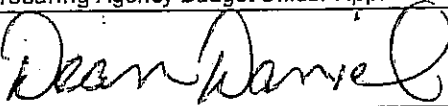
CFDA#	93.778	Check the box ONLY if the answer is YES:
State Fiscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Is the Contractor a Vendor? (per OMB A-133)		
Is the Fiscal Year Funding STRICTLY LIMITED?		
Is the Contractor on STARS?		
Is the Contractor's FORM W-9 ATTACHED?		
Is the Contractor's Form W-9 Filed with Accounts?		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
CONTRACT END DATE:	12/31/2003	
2002	\$ 18,599,868.48	
2003	\$ 28,036,976.80	\$ 5,042,966.00
2004	\$ 18,366,944.50	
Total:	\$ 65,003,789.78	\$ 5,042,966.00

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number:	318.66-026			Contract Number:	FA-02-14632-01	
State Agency:	Department of Finance and Administration			Division:	Bureau of TennCare	
Contractor				Contract Identification Number		
VSHP (TennCare Select)				<input type="checkbox"/> V- <input type="checkbox"/> C-		
Service Description						
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population						
Contract Begin Date				Contract End Date		
7/1/2001				12/31/2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$ 18,599,868.48	
2003	\$ 14,018,488.40	\$ 14,018,488.40			\$ 28,036,976.80	
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$ 18,366,944.50	
Total:	\$ 29,957,897.88	\$ 35,045,891.90			\$ 65,003,789.78	
CFDA#	93.778			Check the box ONLY if the answer is YES:		
State Fiscal Contract				Is the Contractor a SUBRECIPIENT? (per OMB A-133)		
Name:	Dean Daniel			Is the Contractor a Vendor? (per OMB A-133)		
Address:	729 Church Street			Is the Fiscal Year Funding STRICTLY LIMITED?		
Phone:	Nashville, TN (615)532-1362			Is the Contractor on STARS?		
Procuring Agency Budget Officer Approval Signature				Is the Contractor's FORM W-9 ATTACHED?		
Dean Daniel 				Is the Contractor's Form W-9 Filed with Accounts?		
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification		
	Base Contract & Prior Amendments	This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
CONTRACT END DATE:	12/31/2002	12/31/2003				
FY: 2002	\$ 18,599,868.48					
FY: 2003	\$ 9,670,032.30	\$ 18,366,944.50				
FY: 2004		\$ 18,366,944.50				
FY:						
Total:	\$ 28,269,900.78	\$ 36,733,889.00				

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C O N T R A C T S U M M A R Y S H E E T									
Contract Number		FA-02-14632-00			State Agency		Tennessee Department of Finance and Administration		
					Division		Bureau of TennCare		
Contractor					Vendor ID Number				
VSHP (TennCare Select)					<input type="checkbox"/> V— <input type="checkbox"/> C—				
Service Description									
Managed Care Organization Services (ASO) / Medically necessary Health Care Services to the TennCare / Medicaid Population									
Contract Begin Date					Contract End Date				
07/01/01					12/31/02				
Allotment Code		Cost Center		Object Code		Fund		Grant	
318.66		839		134		11		<input type="checkbox"/> on STARS	
FY		State Funds		Federal Funds		Interdepartmental Funds		Other Funding	
2002		6,755,937.23		11,843,931.25					
2003		3,512,397.48		6,157,634.82					
Total		10,268,334.71		18,001,566.07				28,269,900.78	
<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited		CFDA Number				93.778			
<input type="checkbox"/> Contractor is on STARS		State Fiscal Contact							
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached		Name Address Phone		Keith Gaither 729 Church Street, Nashville TN 37247-6501 (615) 532-1362					
<input type="checkbox"/> Service Provider Registered with F&A		Procuring Agency Budget Officer Approval Signature							
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		<i>Keith Gaither / RAO 6/29/01</i> Keith Gaither							
COMPLETE FOR ALL AMENDMENTS (only)									
		Base Contract & Prior Amendments		This Amendment ONLY		Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			
Contract End Date									
Total									
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